

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-18-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The hot/cold packs therapy, myofascial release, therapeutic activities, elastic bandage per roll, and office visits from 6/30/03 through 7/28/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 6/30/03 through 7/28/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 7<sup>th</sup> day of September 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

August 23, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT**  
**Corrected specialty of reviewer.**

Re: Medical Dispute Resolution  
MDR #: M5-04-3113-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear \_\_\_\_

\_\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Hand Surgery and is currently on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Requestor: correspondence, physical therapy  
evaluation/progress notes and daily treatment notes.

**Clinical History:**

The claimant is a 26-year-old male who was involved in an industrial accident in which his right thumb and hand were crushed on \_\_\_\_\_. The patient subsequently was evaluated in the emergency room and referred to an orthopedic surgeon for treatment of his injuries. The patient was found to have an open proximal phalanx fracture to his right

thumb as well as an open extensor tendon injury to the thumb. The patient underwent repair of these injuries at that time and subsequently was treated with outpatient occupational therapy.

**Disputed Services:**

Hot/cold Pack therapy, myofascial release, therapeutic activities, elastic bandage per roll and office visits from 06/30/03 through 07/28/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute were medically necessary in this case.

**Rationale:**

After reviewing the history and facts related to this case, it is evident that the patient had a severe injury from a crush mechanism with an open fracture as well as soft tissue and extensor tendon injury to his thumb. These types of injuries are more intense and complicated injuries and require more than the standard of a simple fracture or simple tendon injury. The patient was treated appropriately in that he was stabilized with pin fixation of his fracture, and this was allowed to heal for approximately 6 weeks before beginning more aggressive range of motion and occupational therapy.

Documentation is that the physical therapies were very standard for this type of injury and consisted of protective splintage, as well as twice a week therapy as an outpatient with myofascial release, hot packs, and active and passive range of motion manipulation. The patient was seen by his treating physician. His progress was followed and was within the normal limits for this type of injury. He was appropriately referred for continuation of his occupational therapy with this extending beyond the initial fracture healing to the point in which he was 3 months out from his initial injury, which would be very typical, and in some aspects is excellent in that he was able to discontinue to a home program at this time. The medical records indicate that he was able to return to his job duties, which again given the severity of his injury is excellent.

Sincerely,